time, and severe headache followed. The child's birth had been normal; no anomalies of development nor history of injury to head. No family history of neuropathy, etc. After the sixth year of age, signs of idiocy were apparent and rapidly increasing, so that at the age of eight, idiocy was complete. He ate fecal matter, etc. The influenza which attacked this boy was of a severe type, lasting thirty days. After recovery, which was unexpected, no sign of idiocy or epilepsy remained. Intelligence was marked, and the child made better progress than his healthy brother and many comrades. Coveos confesses that this outcome of the case is a great mystery to him.

In discussion Dr. Foustanos, editor of *La Grece Medicale*, attempts at great length to explain the parodox as follows: The case could hardly have been one of essential epilepsy. The latter disease besides, while it weakens the mind, never leads to total idiocy. The convulsions must have been symptomatic of some brain disorder, the constancy of the affection being also noteworthy and pointing to some lesion of the brain. The rapid failure of the mind also argues for the existence of some secondary pathological alterations. The organic affection which may have been present was doubtless of the following: (1) Hydrocephalus, acute or chronic, the pressure of which may cause convulsions and atrophy of the cortex. (2) Sclerous encephalitis, which may be due to a variety of agencies (trauma, intoxication, malformation of the skull). (3) Meningo-encephalitis, same etiology as preceding, (4) Hemorrhagic foci and exudates in meninges or cortex, which often result from accidents of birth. (5) New formations in meninges or vault of skull. (6) Congenital defects (porencephaly, microcephaly, premature ossification, etc.). How could recovery from any of these conditions be possible,and how could influenza bring it about? One must clearly exclude all affections which cause permanent destruction of nerve tissue, such as sclerosis, interstitial encephalitis, etc. All of the congenital defects must be eliminated. Something must have been present to cause convulsions and lead to dystrophy of the cells, either hydrocephalic effusion, hemorrhagic or inflammatory exudation into the meninges, etc. The high temperature of influenza must have caused resorption of such effusion or exudate. The most probable cause was a mild type of hydrocephalus with a moderate amount of effusion. CLARK.

SOME CASES OF BRAIN INJURY. E. E. Dyer (Lancet, Vol. 1, 1900, June 16).

The author reports some interesting cases of brain injury as follows: Case I.—Laborer, aged twenty years, was struck by revolving steam winch handle, resulting in a compound depressed comminuted fracture of the vault, with large scalp wound. He was unconscious, insensible except to strong stimuli, stertorous, free local hemorrhage, twitchings, and convulsions. Trephined and one large and several small pieces removed, dura sound to naked eye. Depression still present in vault, relieved by elevation with fingers. Breathing at once better. Gradual recovery of consciousness, asking for things wanted; drain out in third day; no suppuration. On the ninth day reddish erysipelatous swelling appeared over nose, high temperature, soon disappeared. On the seventeenth day sat up in bed and ate solids. On the twenty-first day a similar red mass appeared in the parieto-occiput. Photophobia set in and death occurred on the twenty-sixth day. The post-mortem showed a healed wound, a fracture extending to the left ear, thence along the base through the left orbital plate and across the vault to the right ear; dural thickening and adhesions to the site of injury; pus over the meninges at vertex, base and spinal cord; abscess of each frontal lobe. The clinical features were edema due to abscess which in left side broke into the ventricle and relieved lesion and temperature; large destruction of brain substance; extreme photophobia; length of time patient survived, and absence of paralysis.

Case II.—Soldier, aged fifty-six years, was ill several days before admission; right hemiplegia; slow speech and cerebration; eight day violent convulsion, controlled by drugs; no more convulsions, but frequent twitching; death twenty-four days after admission, thirty days after first seizure; nourishment taken up to day of death; highest temperature 99.8° F.; no affection of breathing. Post-mortem lesions were as follows: Dura frequently and firmly attached to the calvarium; its veins enormously dilated; brain substance very soft; on section left hemisphere showed three clots, the first, 1¾ inches in diameter, near surface just below the fissure of Rolando; the second lower down inside the middle frontal convolution; the third in the occipital region; on the right side three other clots in about the same sites and sizes were found; of all the oldest was in the right frontal and the newest in the right occipital lobe; a seventh clot was in the left cerebellar hemisphere. Apparently the cerebellar clot alone caused the convulsions, because there was only one attack of them. The difference in the ages of the frontal clots ought to have caused two sets of convulsions which was not the history.

Case III.—Brain injury without death. The patient, a lad was caught between a fixed upright beam and a horizontally moving machine arm ¾ of an inch square; small temporofrontal scalp wound; probe disclosed fracture and tract into brain, 2½ inches deep, by its own weight; no operation; sterile dressings; recovery; at time of injury he walked 200 yards for medical help. These cases seem to show great effort by the brain to repair damage, and ability to sustain enormous injury. JELLIFFE.

THERAPY.

DIE THYREODISCHE NAHRUNG IN EPILEPSIE (Thyroid Feeding in Epilepsy). Froehñ and Hoppe (Psych. Woch. 1899, No. 35).

The authors hold that in epileptics nitrogen excretion is imperfect and therefore thyreoidin is indicated as a remedy in certain cases of epilepsy. Two patients were chosen for experiment, one was dependent upon a focal brain lesion. During administration of thyreoidin the elimination of $\mathrm{NaP2O5}$ and NaCl were increased. In the case of focal epilepsy the bodily nutrition was not disturbed, but in the idiopathic case the seizures ceased as soon as the nitrogen eliminated exceeded that which was ingested. It ultimately became necessary to discontinue thyreoidin because of loss of weight and irregular pulse; upon its withdrawal the convulsions returned. CLARK.

DORMIOL IN EPILEPSIE (Dormiol in Epilepsy). E. Schultze (Neurol. Centralbl. March 15, 1900).

In an article on this new hypnotic the author first shows that the drug is a product of the chemical union of a phenacetin derivative and chloral (dimethyl-ethyl-carbinol-chloral). It has an odor like menthol, is soluble in most menstrua but in water only after prolonged standing. It may be used in the same dosage as chloral. It